

State of Alaska, DHSS
Division of Public Assistance, Family Nutrition Program/WIC
130 Seward Street, Rm 508, Juneau, AK 99801

Attn: Farmers Market Program Coordinator

Ph (907) 465-3100

2008 WIC FMNP Banking Information Form

Please send the information requested below with your WIC application and agreement **by May 15, 2008**. This information may be mailed to the address at the top of the cover letter or faxed to (907) 465-3416.

WIC Farmer Number: _____ Farmer Name: _____

Bank Routing Number: _____ *(9 digits)*

Bank Account Number: _____

Bank Name: _____

Contact and Address for Mailing Bank Transaction Reports:

Street/PO Box: _____

City/State/Zip: _____

Contact Person: _____ Title: _____
(for Bank and/or WIC Redemption Information)

Signature: _____ Date: _____